

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 135

Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township San Carlos or Village _____
City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Grace Reeda If child is not yet named, make supplemental report, as directed.

3. Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth 6/6/28
Month Day Year

8. FATHER Full name Rex. Reeda 14. MOTHER Full maiden name May ?

9. Residence (Usual place of abode) Rice, 15. Residence (Usual place of abode) Rice,
If non-resident, give place and state. Ariz. If non-resident, give place and state. Ariz.

10. Color or race 4/4 Indian 11. Age at last birthday 44 (Years) 16. Color or race 4/4 Indian 17. Age at last birthday 50 (Years)

12. Birthplace (city or place) San Carlos. 18. Birthplace (city or state) San Carlos.
(State or country) Ariz. (State or country) Ariz

13. Occupation Carpenter 19. Occupation Housewife
Nature of industry Nature of industry

20. Number of children of this mother _____ (a) Born alive and now living 5
(Taken as of time of birth of child herein certified and including this child). (b) Born alive but now dead 2
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 9 A. M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature C. H. Sawyer M.D.
(Physician or midwife).

Given name added from _____ Address San Carlos, Ariz.
a supplemental report. Month, day, year

Registrar. _____ Filed _____, 19 _____ C. H. Sawyer Registrar.

795-606-500